This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	Glecolle

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee -	- Total
	Sm./Lg.				Sm. Entity	Lg. Entity	1.04
Basic Filing Fee	201/101	. 7			345	<u>690</u> •	- UNO
Total Claims >20	203/103	-20 =	ــــــــــــــــــــــــــــــــــــــ	x	70	<u>18</u> -	·
Independent Claims >3	202/102	-3 =		x	39	<u> 18</u> .	<u> </u>
Mult. Dep Claim Present	204/104				130	260.	·
Surcharge	205/105				<u>65</u>	<u>130</u> .	130
English Translation	139	·					
TOTAL FEE CALCULA	ATION .	•					gno.
Fees due upon filing t	the application:	:					
Total Filing Fees Due	:=. \$	•	No	·			
Less Filing Fees Subr	nitted - \$	· · · · · · · · · · · · · · · · · · ·	001				
BALANCE DUE	= \$		Y N	<u>.</u>			
Populs.							
Office of Initial Paten	t Examination						